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terms of previous experiences, it is undoubtedly true that we shall have a rapid reformation in our methods of dealing with delinquency. Dr. Healy is to be congratulated on the strong presentation of this point of view.

Municipal Court of Philadelphia, Pa.

DAVID MITCHELL.

SOME CRITERIA FOR THE EVALUATION OF MENTAL TESTS AND TEST SERIES. By *Florence Mateer*, Ph. D. *Mental Hygiene*, April, 1917. Pp. 241-51.

Ten years ago no mental tests were attracting attention, but Binet was developing his series. Their use, at first cautious, rapidly grew extensive, while all handicaps were ignored. Then followed criticisms and constructive attempts at standardization. Goddard's contribution is valuable, as he shows the percentages of children at the various chronological ages as well as at the various mental ages who do the same question, thus giving a two-plane distribution which checks itself. The weakness of the Binet tests is their lack of distinction between defect and disease. We must not diagnose as defective those testing a certain amount below chronological age; the quality of response and corroboration must be relied upon. Also, we must not designate a definite percentage of a group as defective, and try to find tests that discriminate that many, as suggested by Pinter and Paterson. All feeble-mindedness cannot be detected in early childhood. Today's tests are of differential diagnosis, not prognosis.

We dare not depend on any one test series for the detection of the defective unless more varied and comprehensive than those of the present day, because the mental defective is not he who lacks one attribute, but is lacking in so many ways that he cannot make shift in an emergency even though he use all the ability he has. Sticking to any one procedure causes prejudice which leads to a personalized revaluing of all other data which are approved or discarded according to their correlation with the data dug out by the pet tool.

One of the first essentials for advance in mental testing is a standardization of examiners; even such a rating as easy, hard, variable, or exact would be better than nothing. Test standardizations should be based on empirical data rather than statistical theories. Unselected groups and community surveys would be a good basis of study. The individual tests should be evaluated. The defectives should be known as far as possible from some other diagnosis. Failure to pass the tests of society, together with educational acquisitions not up to what the person has had the chance to get, is good corroborative evidence of mental defect. Mental test findings must correlate highly with such evidence.

A Gaussian curve of distribution is not sufficient proof of the diagnostic value of a test; it must have a mode indicating normality. The matter is too complex for a single test series. A great number of distributions must be used. He who is below in a sufficient number

is defective. This number should be determined by a statistical survey of all cases. The borderline case will be more easily diagnosed, the greater the number of tests. Another factor aiding in evaluation of tests will be a more liberal use of correlation coefficients and the resultant correction of opinions drawn from distribution curves alone.

When sufficient data have been assembled to give a coherent and complete picture of brain activity, then and only then, is diagnosis allowable.

Evanston, Ill.

ELIZABETH PETTY SHAW.

THE PSYCHOLOGY OF SPECIAL ABILITIES AND DISABILITIES. By *Augusta F. Bronner*. Little, Brown & Company, Boston, 1917. Pp VI+269.

Besides the preface, and an appendix which contains statements on the results of certain psychological tests, there are ten chapters in this book. The first chapter is a statement of the problem, "That human beings have particular abilities and disabilities varying more or less—and frequently varying greatly—from the level or normal capacity, is a fact of much psychological interest as well as of great practical educational and social significance." Efforts have usually been made to determine positive correlations between different mental traits, but these correlations are far from unity correlations, and superiority in one trait may be, and often is, accompanied by actual incapacity or specialized defect in another. The question, in reference to those with specialized abilities and disabilities, is different from that of the feeble-minded, i. e., of those who are definitely of the institutional type. In case of those with special defect, or ability, the problem is not segregation, but rather adjustment to the social organism.

The chapter on "Methods of Diagnosis" is, to a large extent, a discussion of many individual tests which may be used in a psychological examination. From the standpoint of social behavior, perhaps the most important statement in the chapter is the following: "The situations which in real life call the emotions into play are not easily duplicated in the laboratory, and artificial stimuli for arousing them necessarily would result in totally different reactions. How can one study experimentally love and hate as they affect behavior? Or what can tests reveal concerning the formation and results of anti-social grudges? Judgment as to defects in emotional life, as well as in regard to will, must be based very largely, if not altogether, upon the individual's social reactions."

Chapter 3 on "Differential Diagnosis" indicates some cases for which one must be on the lookout. The possibility of confusing epileptic deterioration, the phenomena of hysteria, or the irregular mental functioning of chorea, with other types of mental abnormalities, is clearly outlined. Two statements in the chapter are probably open to considerable question. The first one is, "Sometimes mental dullness caused by excessive use of *tea* or *coffee*, or by *smoking* indulged in to an extreme degree, exhibits itself in a form which makes observers